

Department of Public Health
and Human Services

Section:
CASE MANAGEMENT

TANF CASH ASSISTANCE

Subject:
Program Compliance Reviews (a.k.a.
Quality Control Reviews)

Supersedes: FAIM 1508-2, FMA 1508-s and MA 1508-2 (02/01/99)

≥FMA Reference: 42 CFR 431.800, .804, .808, .812, & .814;

≥SSI MA Reference: 42 CFR 431.800 through .816;

TC Reference: 45 CFR 205.40; ARM 46.18.102

GENERAL RULE--Program Compliance (PC) Reviews are conducted on a statistical sampling of cases. The reviews provide:

- 1. a systematic method for measuring the accuracy of eligibility determinations;
- 2. a basis for determining error rates;
- 3. information to base corrective action plans at all levels of administration; and
- ▶ 4. a basis for establishing the State Agency's eligibility for FS enhanced funding or liability for excessive error rates.

SHARED GOALS: The Public Assistance Bureau and the Program Compliance Unit share the common goal of improving the payment accuracy of cases by:

- ▶ 1. making every reasonable effort to demonstrate that each case selected for review is eligible and receiving the correct benefits; and
- 2. maintaining the integrity of Program Compliance rules and regulations.

▶ FAILURE/ REFUSAL TO COOPERATE: When a participant refuses or fails to cooperate with the PC review, the PC Supervisor will send a letter to the appropriate county informing the county of the client's refusal/failure to cooperate. The County Office of Public Assistance must send timely notice of adverse action and close the involvement unit being reviewed by PC.

▶ For **TC cases**, the county office must issue a timely notice of adverse action and close the TC involvement for non-compliance with program compliance's review of any involvement unit in the case.

▶ **NOTE:** The TC case may not be reopened until the client cooperates with the PCA for a Medicaid or FS review or until the time frame for compliance has expired for a FS review. If unsure if the time frame has expired, refer to the non-compliance notification letter or call PC.

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► For **Medicaid cases**, the county office must issue a timely notice of adverse action and remove the needs of the non-compliant adults (code "DQ" on SEPA). This can only occur when the non-compliance is with a Program Compliance Medicaid review.

► **NOTE:** The adult cannot be added back to Medicaid until the client cooperates with the PCA on the Medicaid review. Compliance is required regardless of how long ago the non-compliance occurred.

EXAMPLES OF NON- COMPLIANCE Program Compliance considers the household to be in non- compliance if the client refuses to provide the reviewer with any information needed to complete the review. When a household is in non-compliance with a review, a certified letter is sent to the household and a copy is sent to OPA.

PROCEDURE Responsibility:

ACTION

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|------------|--|
| County OPA | 1. Sends the case to the Program Compliance Auditor (PCA) within three (3) calendar days after being notified (phone, e-mail or letter) by the PCA that the case has been selected for review. |
| PC Auditor | 2. Returns the case file to the County OPA within three (3) calendar days of receipt. |
| | 3. Reviews information gathered from all sources (e.g., case file, TEAMS, collateral contacts, etc.) and determines whether eligibility was determined correctly. |
| | 4. Contacts County OPA, if needed to: <ul style="list-style-type: none"> a. notify the county if the case was dropped due to inability to locate; b. communicate information discovered relevant to any assistance program that could affect eligibility. |
| | <p>NOTE: Contact will be made immediately if the information could cause a continuing error.</p> <ul style="list-style-type: none"> c. provide feedback to allow for correction of errors if one error offsets another error resulting in no dollar error; and d. work cooperatively with all parties involved in the review process. |

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NOTE: The Regional Policy Specialist may be consulted by either the County OPA staff (following County protocol) or the PCA.

5. Submits the findings and the PC review file to the PC Supervisor within 45 calendar days after the case was assigned for review.

PC Supervisor

6. Reviews the PCA findings and determines if eligibility was determined correctly.

NOTE: The guideline for PC supervisor review is within 15 calendar days of receipt of the PC review. However, **cases files should be forwarded to the next step in this process as soon as possible.** Some steps may take longer than indicated.

- a. **When no error is found**, the findings are finalized and a QC-5(a) with a *smiley face* is sent to:



- (i) the county OPA; and/or,
- (ii) the Regional Policy Specialist.



- b. **When an error is found**, the error is explained on a QC-5(a) and copies are sent via E-Mail to:

- (i) the OPA County Director;



NOTE: Verifications obtained by PC relative to any identified error are faxed to the County Director.

- (ii) the appropriate Regional Policy Specialist; and
- (iii) The Central Office Policy Specialist.

NOTE: The hard copy PC file is sent to the Central Office Policy Specialist.

County OPA

7. Completes the QC-5(a) form within 10 calendar days either concurring or not concurring with the error findings.

NOTE: Consults with Regional Policy Specialist as needed prior to completing the QC-5(a).

Central Office

8. Consults with County OPA staff (and Regional Policy Specialist, if

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- Policy Specialist necessary) prior to finalizing the error with the PC Supervisor if the County OPA's rebuttal is not upheld.
- 9. Reaches consensus on the status of the error within 10 calendar days.
- NOTE:** If consensus cannot be reached, the decision is made by the Program Compliance and the Public Assistance Bureau Chiefs.
10. Promptly contacts the County Director or designee and explains the reasoning used if the decision goes against the county's rebuttal. (Contact is generally done by telephone.)
- PC Supervisor 11. Completes form QC-5(b), which indicates the final error determination and sends it to:
- a. the Central Office Policy Specialist;
 - b. the County OPA; and
 - c. the Regional Policy Specialist.
- County OPA 12. Updates open cases within 15 calendar days and based on information obtained throughout this process, takes all necessary action, including:
- a. case closure; and/or,
 - b. initiation of an Intentional Program Violation (IPV), if appropriate.
- NOTE:** Underissuances and collections of over-issuances are administered as soon as possible but no later than the quarter in which the error was discovered.
- County Director 13. Assures all errors are corrected timely.
- Central Office Policy Specialist 14. Tracks error factors in a monthly report for training and planning purposes.
15. Meets and consults with Regional Policy Specialists and Central Office Policy Specialists as needed to share error data and improve payment accuracy.
- Regional QA 16. Completes a TEAMS review of the error cases 90 calendar days

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Specialist

after the QC-5(b) was issued to assure accuracy has been
maintained.**NOTE:** Any unresolved issues related to the PC review are
taken to the Field Manager for resolution.

cwc/TP/LB/NC/KQ/SK

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